

Date: Thursday, 8/23/2007 4:15:07 PM
 User: Kim Johnston

Process Sheet

Split
 SB 07/09/24

Customer : CU-DAR001 Dart Helicopters Services
 Job Number : 34260
 Estimate Number : 12811
 P.O. Number : N/A
 This Issue : 8/23/2007 S.O. No. : N/A
 Prsht Rev. : NC
 First Issue : N/A Type : SMALL / MED FAB
 Previous Run : 32661
 Drawing Name : BRACKET
 Part Number : D35921
 Drawing Number : D3592 UNDER REVIEW
 Project Number : N/A
 Drawing Revision : REV B
 Material : N/A
 Due Date : 8/30/2007 Qty: 40 Um: Each
 Written By :
 Checked & Approved By :
 Comment : Est Rev:A New Issue 07-03.26 ec

Additional Product

Job Number:



Seq. #: Machine Or Operation: Description:

1.0 M6061T6S125 6061-T6 .125 Sheet



Comment: Qty.: 0.1460 sf(s)/Unit Total : 5.8380 sf(s)

6061-T6 .125 Sheet

Batch: M102272 1807-08-24

Scrap (22)

Grain must be Along 4.63**

M102272 38
 M101092 2
 40 total

SAD 07/08/25

2.0 WATER JET FLOW WATER JET



Comment: FLOW WATER JET

1-Cut as per Dwg D3592

Dwg Rev: B 1807-08-24

Prog Rev: B

2-Debur if necessary

SAD 07/08/25

40

3.0 QC2 INSPECT PARTS AS THEY COME OFF MACHINE



18 07-08-24



Comment: INSPECT PARTS AS THEY COME OFF MACHINE

SAD 07/08/25

40

4.0 QC8 SECOND CHECK



Comment: SECOND CHECK

En 07/10/05 (P70)

P70

5.0 SMALL FAB 1 SMALL & MEDIUM FAB RESOURCE 1



Comment: SMALL & MEDIUM FAB RESOURCE 1

Form as per Dwg D3592 using DT8949

SB 07/10/05 (20)

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: D3592-1 PAR #: N/A Fault Category: Red / Fab Pass ^{med & Small} NCR: Yes No DQA: D Date: 07/10/11
QA: N/C Closed: R Date: 07.10.11

NCR: <u>34260</u>		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			
07/08/25	2.0	Scrap 22 part because of wrong grain direction. RC8 Human error, operator did not verify grain direction.	<u>AS/042</u>	Scrap, replace destroy	<u>SHH</u> 07/08/26	07/08/27	<u>AS/042</u>	07/08/27
07.08.27	2.0	Parts cut with the extra rivet holes, on the top section. R.C: DXF not updated to remove the rivet holes.	<u>AS/042</u>	Parts acceptable as is, 2 old new. DXF is updated to remove the extra holes	<u>SHH</u> 07/08/27	07/08/27	<u>AS/042</u>	07.08.27

NOTE: Date & initial all entries

Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: BRACKET

Job Number: 34260

Part Number: D35921

Job Number:



Seq. #:

Machine Or Operation:

Description :

6.0

QC5

INSPECT WORK TO CURRENT STEP



Comment: INSPECT WORK TO CURRENT STEP

5 02/10/05 (X20)

7.0

PACKAGING 1

PACKAGING RESOURCE #1



Comment: PACKAGING RESOURCE #1

Identify and Stock

Location: *WA*

PE 01.10.10

20

8.0

QC21

FINAL INSPECTION/W/O RELEASE



Comment: FINAL INSPECTION/W/O RELEASE

(20)

Job Completion



*01/19/11
H 07.10.10*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

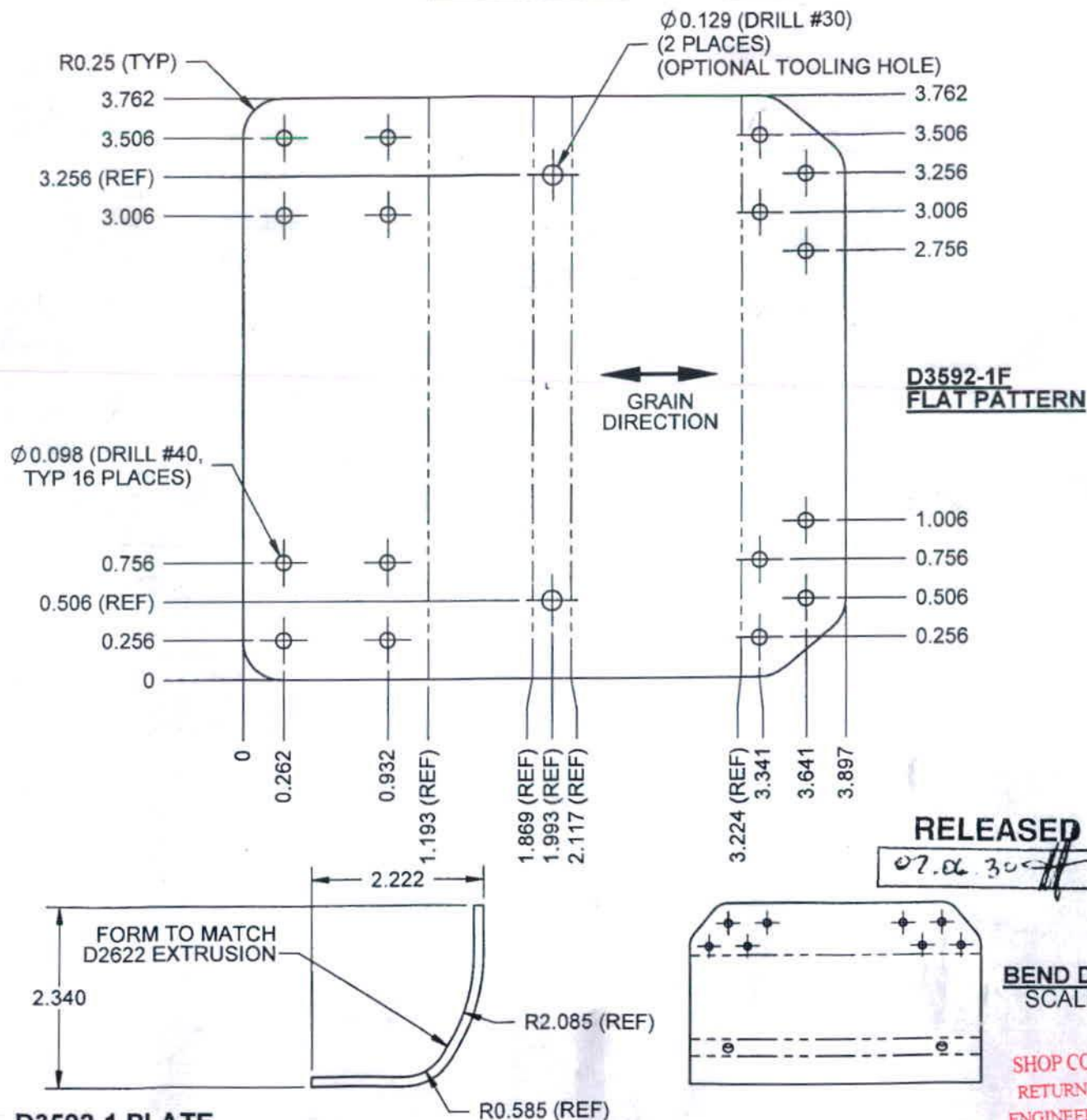
QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART

DESIGN 9P	DRAWN BY JC	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED 9P	APPROVED [Signature]	DRAWING NO. D3592	REV. B SHEET 1 OF 1
DATE 07.05.31	TITLE PLATE		SCALE 1:1
A	07.01.15	NEW ISSUE	
B	07.05.31	TOOLING HOLES ADDED	

**D3592-1 PLATE****NOTES:**

- 1) MATERIAL: 6061-T6 ALUMINUM SHEET, 0.125" THICK (QQ-A-250/11, REF DART SPEC. M6061T6S-125)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 5) BREAK ALL SHARP CORNERS 0.010 MAX

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BEND DETAIL
SCALE 1:2SHOP COPY
RETURN TO
ENGINEERING

UNCONTROLLED COPY

SUBMIT AMENDMENT
WITHOUT NOTICE

WORK ORDER

NO. 34260

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	SAB	Audited by:	Er	Prototype Approval:	N/A
Date:	07/08/25	Date:	07/08/28	Date:	

Rev	Date	Change	Revised by	Approved
A		New Issue	KJ/JLM	

Chris Provencal

From: David Shepherd [dshepherd@dartaero.com]
Sent: June 7, 2007 3:37 PM
To: 'Chris Provencal'
Subject: RE: D3562-041/-042

As we discussed, I think this change is acceptable without further qualification.

David

From: Chris Provencal [mailto:cprovencal@dartaero.com]
Sent: Thursday, June 07, 2007 1:15 PM
To: David Shepherd (David Shepherd)
Subject: D3562-041/-042

David,

For the D3562-041/-042 Step Assembly, we need to remove qty(1) rivet from each D3560-XX Arm weldments attachments for manufacturability. There will be a total qty(34) MS20600AD4 rivets instead of qty(36) per step. The rivet will be removed from the side surface of the step. Remaining shear would be 350 lbs x 16 rivets = 5600 lbs per arm attachments.

-Chris

No virus found in this incoming message.
Checked by AVG Free Edition.
Version: 7.5.472 / Virus Database: 269.8.11/838 - Release Date: 6/7/2007 2:21 PM

No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.5.472 / Virus Database: 269.8.11/838 - Release Date: 6/7/2007 2:21 PM

27/08/2007

Preventive Action Report						PAR 196	
Raised by: MARC BELLAVANCE			Source: ENG/GA.			Sheet No. 1 of 1	
Issue for Dept./Supplier: ENGINEERING					Date: 07.09.25		
Product/Service: D3562-041/-042 STEP ASSEMBLY					Priority: HIGH LOW		
Area of Standard:		Section A Description of Issue					
QSI							
QSP							
QSPM							
Documents:		GRAW DIRECTION IS WRONG. SHOULD BE CORRECTED TO 45° TO HELP WELDING PENETRATION.					
P/O							
Invoice							
W/O 12811							
Batch No. 24260							
TSR							
Drawing D3562-1							
Forward to Director, Quality Assurance on completion of this box							
DQA: Section B: Indicate who is responsible for creating P/A, and a completion date. Section C: Indicate who will verify completion of P/A.							
Section B Preventive Action		Responsible for Investigation/PA: M. BELLAVANCE To be done by: 07.10.05					
No	Initial	Action Description	Responsible	Due date	Sign/Date		
1	MB	RUN BATCH THROUGH GRINDING MACHINE AT AN ANGLE OF 45°.	JLM	ASAP			
2	MB	REUSE DATA TO INDICATE 45° GRAW DIRECTION	MB	07.10.05			
			Fault Category:				
Section C Verification of P/A		Responsible for Verification of PA:					
No	Verification Method	Sign	Date	Forward to DQA on Completion of Verification			
				DQA: _____			
				Date: _____			
QA Purposes only		P/A Closed	Date				

Raised by: Enter the Name of person writing P/A.

Source: Enter the Name of person/customer/supplier who noticed the P/A.

Issue for Dept./Supplier: Enter the area that the issue affects.

Product/Service: Enter the Product number or service name.

Priority: Circle HIGH (delaying production) or LOW (other).

Area of Standard: Enter the number of the QSP, QSI, etc. that applies.

Documents: List all applicable documents.

Description of Issue: Describe the problem including all information available.

Preventive Action: The person responsible for Investigation will determine the root cause and effect of the issue and add any additional information to the Description of Issue and initial. Then create the preventive actions required - number each action, initial, describe and assign responsibility with due date. Once the action is complete, the person who completed the action must sign & date

Fault Category

Choose one of the following as the area responsible for the non-conformance:

Administration
 Customer
 Document Control
 Engineering - Design
 Engineering - Drawing
 Engineering - Program
 Production - Machined Parts
 Production - Finishing Cell
 Production - Maintenance
 Production - Fabrication Assembly - Large
 Production - Fabrication Assembly - Medium & Small
 Production - Packaging
 Production - Landing Gear
 Production - Stores / Receiving
 Order Processing - Contract Review
 Order Processing - Shipping
 Purchased
 Quality Control
 Supplier

Verification of P/A Enter each action number, verification method, sign and date